



IDAHO DEPARTMENT OF
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December 14, 2007

Richard Malm, Administrator
Ashley Manor - Hill Road
3424 W Hill Rd
Boise, ID 83702

Dear Mr. Malm:

On November 26, 2007, a complaint investigation survey was conducted at Ashley Manor - Hill Road. The survey was conducted by Debbie Sholley, LSW and Polly Watt-Geier, MSW. This report outlines the findings of our investigation.

Complaint # ID00003102

Allegation #1: The facility did not provide adequate supervision and a resident eloped from the facility.

Findings: Based on observation, interview, and record review it could not be determined the facility did not provide adequate supervision for the identified resident.

On November 26, 2007 at 10:15 a.m., a sign was observed to be posted on the front door of the facility that stated, "Notice to all staff and visitors, please make sure the door is closed tightly behind you after you enter and exit the facility."

During the complaint investigation on November 26, 2007 between 10:15 a.m. and 4:15 p.m., none of the residents were observed exit seeking or attempting to elope from the facility.

Review of the facility incident reports dated between July 2, 2007 and November 2007 revealed no documentation that residents had attempted to elope from the facility.

Review of the incident report dated July 2, 2007 at 5:00 p.m., revealed the identified resident eloped out of the front door of the facility because a visitor had not shut the door properly. The facility's plan to prevent a reoccurrence and keep residents safe was to post 3 additional signs on the doors of the facility reminding staff and visitors

to be "diligent" and make sure the door is secure when entering and leaving the facility. Additionally, it was documented the maintenance person serviced the front door to make sure it was operating properly.

On November 26, 2007 at 2:15 a.m., the house manager stated that since the July incident, the identified resident has not attempted to elope from the facility. She stated the identified resident liked to sit outside in the sun or walk on the sidewalk in the secured area located in the back yard of the facility. She stated the identified resident will go and look out the front window or go to the front door but, "she hasn't been exit seeking."

On November 26, 2007 at 3:35 p.m., the prior administrator stated the time the identified resident exited the facility was noted on the video tape. She stated the identified resident was only gone from the facility about 10 minutes. "There is no way she could have walked 1 mile in that amount of time." She stated after reviewing the video tape it revealed the resident exited out the front door of the facility when a person stopped by to pick up a job application and the door did not close behind her. After the incident the prior administrator stated the facility posted signs on all doors reminding staff and visitors to make sure the door was closed tightly when they entered and exited the facility. Additionally, through the investigation the facility determined the front door was not working properly and they fixed it immediately.

Conclusion: Substantiated. However, the facility was not cited as they acted appropriately by making the appropriate repairs to the front door, and posting signs on all the doors reminding the staff and visitors to make sure the doors closed tightly behind them when entering and exiting the facility.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

Debbie Sholley, LSW

DEBBIE SHOLLEY, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DS/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Debbie Sholley, LSW, Health Facility Surveyor